



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Cesar P. Duclair, M.D.

Respondent Name

Travelers Indemnity Company

MFDR Tracking Number

M4-17-0859-01

Carrier's Austin Representative

Box Number 5

MFDR Date Received

November 28, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "DESIGNATED DOCTOR EXAMINATION INCORRECT REDUCTION/PARTIAL PAY"

Amount in Dispute: \$450.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Provider billed a total of \$1,100.00 for 4 units of 99456-W5-WP. Per Rule 134.204(j)(4)(C), a maximum of three musculoskeletal body areas may be billed. The Carrier reimbursed the Provider \$350.00 for the Maximum Medical Improvement evaluation and \$300.00 for the impairment rating assigned by range of motion to the cervical and lumbar spine. No impairment rating was given for the shoulder. Consequently, the Carrier contends the reimbursement as calculated by the Carrier is correct. The carrier contends the Provider has been properly reimbursed for the evaluation."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 15, 2016	Designated Doctor Examination	\$450.00	\$300.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services from March 1, 2008 until September 1, 2016.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' compensation jurisdictional fee schedule adjustment.

- 4150 – An allowance has been paid for a designed doctor examination as outlined in 134.204(j) for attainment of maximum medical improvement. An additional allowance may be payable if a determination of the impairment caused by the compensable injury was also performed.
- 863 – Reimbursement is based on the applicable reimbursement fee schedule.

Issues

1. What is the maximum allowable reimbursement (MAR) for the disputed services?
2. Is Cesar P. Duclair, M.D. entitled to additional reimbursement?

Findings

1. Cesar P. Duclair, M.D. is seeking additional reimbursement for a designated doctor examination to determine maximum medical improvement and impairment rating. Per 28 Texas Administrative Code §134.204(j)(3), “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the MAR for this examination is \$350.00.

Dr. Duclair asserts that he performed an impairment rating of four body areas. 28 Texas Administrative Code §134.204(j)(4) states:

- (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis;
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.
- (D) ...
 - (i) Non-musculoskeletal body areas are defined as follows:
 - (I) body systems;
 - (II) body structures (including skin); and,
 - (III) mental and behavioral disorders.
 - (ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...
 - (v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of face/scalp lacerations, a trapezius strain, closed head injury and post traumatic concussion with mild residual neurological deficits, the lumbar spine, and cervical spine. The MAR for these examinations is \$600.00.

The total MAR for the disputed services is calculated as follows:

Examination	AMA Chapter	§134.204 Category	Reimbursement Amount
Maximum Medical Improvement			\$350.00
IR: Trapezius (ROM)	Musculoskeletal System	Spine & Pelvis	\$300.00
IR: Cervical Spine (ROM)			
IR: Lumbar Spine (ROM)			
IR: Face/Scalp Lacerations	Skin	Body Structures	\$150.00
IR: Head Trauma	Nervous System	Body Systems	\$150.00
Total MMI			\$350.00
Total IR			\$600.00
Total Exam			\$950.00

2. The total MAR for the disputed services is \$950.00. The insurance carrier paid \$650.00. An additional reimbursement of \$300.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$300.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Sec. 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services in dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$300.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Laurie Garnes Medical Fee Dispute Resolution Officer	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> December 30, 2016 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.